

IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION

ARTHUR GLENN ANDERSON, #107331)

Plaintiff,

Vs.

CIVIL ACTION NO.2:06-CV-439-WKW

GWENDOLYN MOSLEY, et.al.,

Defendants.

AFFIDAVIT

Before me, the undersigned authority, a Notary Public in and for said County and State of Alabama at Large, personally appeared Tyrone Barrow, who being known to me and being by me first duly sworn, deposes and says under oath as follows:

My name is Tyrone Barrow and I am presently employed as a Classification Specialist, employed by the Department of Corrections, Easterling Correctional Facility, 200 Wallace Drive, Clio, AL 36017. I am over twenty-one (21) years of age.

Inmate Arthur Glenn Anderson's Annual Progress Review was held on 01/17/06. Inmate Anderson was told by Brian Mitchell, Psychological Associate II, that he needed ISAP (8-Week SAP). The plaintiff was also told by Gwendolyn C. Mosley, Warden III and Brian Mitchell, Psychological Associate II, that he would be considered for a transfer to an ISAP (8-Week SAP) when his AA/NA attendance was consistent.

I have included a copy of the Annual Progress Review (Exb. A), along with a copy of the Inmate Interview Record (Exb.B).



**Affidavit-Tyrone Barrow**  
**Civil Action No.2:06-CV-439-WKW**  
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**Inmate Anderson is not being blackmailed to attend AA/NA. He was recommended to take this program.**

**I have no control over the Parole Board for inmate Anderson being turned down.**

  
Tyrone Barrow

**SWORN TO AND SUBSCRIBED TO before me this the 31<sup>st</sup> day of**  
May, 2006.

  
NOTARY PUBLIC

**My Commission Expires: 7-15-07**

ALABAMA DEPARTMENT OF CORRECTIONS - PROGRESS REVIEW FORM - JANUARY 12, 2006

===== (COV122) =====  
 AIS #: 00107331B SSN: 426-70-6547 RACE/SEX: W/M DATE OF BIRTH: 11/19/1951  
 NAME: ANDERSON, ARTHUR CUSTODY: MED2 SECURITY LEVEL: 4  
 INST: EASTERLING CORRECTIONAL CENT TIME SRVD: 03Y03M10 LAST DISC: 06 09 2005  
 CRME: THEFT BY DECEPTION I MIN REL DT: 09/20/2007 ACTIVE DET: 0

DISC: FIGHTING WITHOUT A WEAPON PRL CONS: 10/01/2006 EDUCAT LEV: 17

WL/PGM: INST. ASSIGN-3 PRIM OCCUP: LABORER - GENERAL

RECOMMENDED INSTITUTION: EASTERLING RECOMMENDED CUSTODY: MEDIUM

JUSTIFICATION: ANNUAL REVIEW: Multiple Escapee serving a 15 year term for Theft by deception I (purchased a truck with an insufficient check), Property Theft & CPFI II (rental car & payroll check per intake-PSI unavailable but requested most recently on 01/11/06 from Parole Board). Extensive criminal record to include 07/31/72/Escape, 04/10/73/Escape, 11/3/80/Escape w/out force from REHF, recaptured same day. No detainers or sex convictions noted. Has SAP needs per Inst Psych Assoc., but has no consistent AA/NA attendance. Recommend no changes in custody based on ESC criteria

I CERTIFY ENEMY LIST WAS REVIEWED AND UPDATED: NKE, COETS (OK) 11/17/06 APP. S/L: [Signature]  
[Signature] 1-17-06 CLASSIFICATION SPECIALIST DATE  
[Signature] 1-17-06 PSYCHOLOGIST/PSYCHOLOGIST'S ASSOC. DATE  
[Signature] 1/24/06 WARDEN OR DESIGNEE DATE  
 CLASSIFICATION COORDINATOR DATE

CENTRAL REVIEW BOARD ACTION

APPROVED DENIED; DIVERTED TO: REASONS:

CRB MEMBER DATE

APPROVED DENIED; DIVERTED TO: REASONS:

CRB MEMBER DATE

APPROVED DENIED; DIVERTED TO: REASONS:

CRB MEMBER DATE

FINAL DECISION: INST No Change CUSTODY No Change DATE No Change

DATE INMATE INFORMED: [Signature] INMATE'S SIGNATURE: Arthur Anderson

LAST ACTION: Y05PR REL Pentecostal

DNA: 010WB  
 @ KIF

SKILLS: Motel Maintenance

AIS# 107331

Non-Diabetic  
 No psych meds

Crush Leg from knee down

For Rch. Assoc to Warden will look @ for 8wk SAP

ALABAMA BOARD OF CORRECTIONS  
DIVISION OF PROFESSIONAL SERVICES  
INMATE INTERVIEW RECORD

NAME: Last			First	Middle	Serial No	Race	Sex	DOB: M/D/Y
Andersen			Arthur		107331	W	M	11/19/1951

**USE OF FORM:** Each interview summary should contain the following material as appropriate: topics discussed; recommendations made by counselor; decisions made by inmate; progress noted or other observations of counselor. All inmates must be advised during the initial interview of the nature and extent of confidentiality in the counseling relationship. Each entry must be dated and signed by the counselor.

**NOTE:** NO PART OF THIS RECORD IS TO BE DUPLICATED OR EXTRACTED, EITHER IN FACT OR IN SUBSTANCE, WITHOUT THE WRITTEN AUTHORIZATION OF THE INMATE NAMED ABOVE.

[illegible]